

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001198	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 07/18/2023
NAME OF PROVIDER OR SUPPLIER: MAIN LINE SPINE SURGERY CENTER, LLC STATE LICENSE NUMBER: 17871501		STREET ADDRESS, CITY, STATE, ZIP CODE: 700 S. HENDERSON ROAD Suite 335 KING OF PRUSSIA, PA 19406			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 0000	INITIAL COMMENT	S 0000			
S 0003	This report is the result of a State licensure survey conducted on July 18, 2023 at Main Line Spine Surgery Center. It was determined the facility was not in compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Ambulatory Care Facilities, Annex A, Title 28, Part IV, Subparts A and F, Chapters 551-573, November 1999.	S 0003			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE:		(X6) DATE:

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001198	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 07/18/2023
NAME OF PROVIDER OR SUPPLIER: MAIN LINE SPINE SURGERY CENTER, LLC STATE LICENSE NUMBER: 17871501			STREET ADDRESS, CITY, STATE, ZIP CODE: 700 S. HENDERSON ROAD Suite 335 KING OF PRUSSIA, PA 19406		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 0003	Continued from page 1 51.3 (a) Notification 51.3 Notification (a) A health care facility shall notify the Department in writing at least 60 days prior to the intended commencement of a health care service which has not been previously provided at that facility. This REGULATION is not met as evidenced by:	S 0003	MLSSC has provided notification seeking approval to add peripheral stimulators to the approved procedure list. Until such time that approval is granted, no peripheral stimulator procedures will be scheduled at the facility. Effective immediately, the facility will henceforth notify the Department of Health 60 days prior to the intended commencement of a procedure not previously offered at the facility. This will include procedures which fall within our currently approved service line which may or may not require new equipment. The administrator will take responsibility for providing the notification to the DOH in a timely manner and reporting the request to the governing board. Cases will not be scheduled until approval has been obtained at which time the administrator will notify all members of the governing board and medical staff of the approval via e-mail. All governing board meeting minutes will be audited to ensure	Completion Date: 07/26/2023 Status: APPROVED Date: 07/31/2023	

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001198	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 07/18/2023
NAME OF PROVIDER OR SUPPLIER: MAIN LINE SPINE SURGERY CENTER, LLC STATE LICENSE NUMBER: 17871501		STREET ADDRESS, CITY, STATE, ZIP CODE: 700 S. HENDERSON ROAD Suite 335 KING OF PRUSSIA, PA 19406			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 0003	Continued from page 2	S 0003	that any newly proposed procedure has gone through the notification process. All correspondence regarding the notification process will be maintained in a separate binder in the administrator's office for reference with the auditing process.		

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001198	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 07/18/2023
NAME OF PROVIDER OR SUPPLIER: MAIN LINE SPINE SURGERY CENTER, LLC STATE LICENSE NUMBER: 17871501		STREET ADDRESS, CITY, STATE, ZIP CODE: 700 S. HENDERSON ROAD Suite 335 KING OF PRUSSIA, PA 19406			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 0003	Continued from page 3 Based on review of facility documents and interview with staff (EMP) it was determined the facility failed to notify the the Department in writing at least 60 days prior to the use new equipment. Findings include: Review on July 18, 2023, of the facility's "Governing Body Bylaws" not dated, revealed "... II. Patient Care. To provide and manage facilities, personnel and services for patients ... in compliance with all federal, state and local laws, regulations ..." Review on July 19, 2023, of facility document "Governing Body Meeting" dated October 8, 2020, revealed "... The Physicians have agreed that they would like to add peripheral stimulator systems to the approved procedure list. All Board members are in agreement. Peripheral stims will be added ..." Review on July 18, 2023, of facility document "Governing Body Meeting" dated May 18, 2023,	S 0003			

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001198	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 07/18/2023
NAME OF PROVIDER OR SUPPLIER: MAIN LINE SPINE SURGERY CENTER, LLC STATE LICENSE NUMBER: 17871501		STREET ADDRESS, CITY, STATE, ZIP CODE: 700 S. HENDERSON ROAD Suite 335 KING OF PRUSSIA, PA 19406			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 0003	Continued from page 4 revealed "... the physicians at the center have been trained and begun using ... stim router and stim wave ..." Review on July 18, 2023, of the Department's facility file for Main Line Spine and Surgery Center revealed no documentation the facility notified the Department in writing 60 days prior to the commencement using new equipment. Interview conducted on July 18, 2023, at approximately 10:30 AM with EMP1 confirmed the facility began using a new equipment for a surgical procedure and confirmed the facility did not notify the Department within the required time frame.	S 0003			
S 033F		S 033F			

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001198	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 07/18/2023
NAME OF PROVIDER OR SUPPLIER: MAIN LINE SPINE SURGERY CENTER, LLC STATE LICENSE NUMBER: 17871501		STREET ADDRESS, CITY, STATE, ZIP CODE: 700 S. HENDERSON ROAD Suite 335 KING OF PRUSSIA, PA 19406			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 033F	Continued from page 5 553.3 (6) Governing Body Responsibilities Governing Body responsibilities include: (6) Adopting policies or procedures necessary for the orderly conduct of the ASF. This REGULATION is not met as evidenced by:	S 033F	The facility's current policy concerning employee health screening and documentation has been updated on 7/25/2023 to include a paragraph specific to the maintenance of employee health information. All health information received on an employee shall be stored in a separate health file and will not be entered into the employee's personnel file. The DON will take responsibility for overseeing and maintaining health records for all facility employees. A full audit of all employee files will be completed by 8/31/2023 to ensure that no health information has been entered into the wrong file. Thereafter, random audits of employee files will be performed quarterly to ensure compliance. Results of said audits will be reported to quality council and governing board	Completion Date: 07/26/2023 Status: APPROVED Date: 07/26/2023	

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001198	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 07/18/2023
NAME OF PROVIDER OR SUPPLIER: MAIN LINE SPINE SURGERY CENTER, LLC STATE LICENSE NUMBER: 17871501		STREET ADDRESS, CITY, STATE, ZIP CODE: 700 S. HENDERSON ROAD Suite 335 KING OF PRUSSIA, PA 19406			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 033F	Continued from page 6 Based on review of facility personnel files (PF) and staff interview (EMP), it was determined the facility failed to adopt a policy and procedure that prevented unauthorized access to confidential information contained in employee personnel files for 1 of 3 PF reviewed. (PF1) Findings include: A request was made on July 18, 2023, for a policy that prevented unauthorized access to employee confidential information. None provided. Review on July 18, 2023, of PF1 revealed documents dated April 12, 2022, that included lab results, past medical history and prescribed medication for the employee in PF1. Interview on July 18, 2023, with EMP2 at approximately 10:00 AM confirmed PF1 contained personal health information and confirmed the facility	S 033F			

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001198	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 07/18/2023
NAME OF PROVIDER OR SUPPLIER: MAIN LINE SPINE SURGERY CENTER, LLC STATE LICENSE NUMBER: 17871501		STREET ADDRESS, CITY, STATE, ZIP CODE: 700 S. HENDERSON ROAD Suite 335 KING OF PRUSSIA, PA 19406			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 033F	Continued from page 7	S 033F			
S 53D0	<p>did not have a policy to protect employee health information. from unauthorized access of private information.</p> <p>555.3 (d)(1-2) Requirements</p> <p>Granting of clinical privileges shall follow established policies and procedures in the bylaws or similar rules and regulations the procedures shall provide the following.</p> <p>(1) Written record of the application, which includes the scope of privileges sought and granted. The delineation "clinical privileges" shall address the administration of anesthesia.</p> <p>(2) A review, summarized on record with appropriate documentation of the qualifications of the applicant.</p> <p>This REGULATION is not met as evidenced by:</p>	S 53D0	<p>Effective immediately, in accordance with the bylaws of the medical staff, the facility will henceforth require a delineation of privileges to be completed and included with the written application every 2 years for all applicants, physicians and CRNAs alike. The administrative director will take responsibility for overseeing the credentialing process to ensure that all requirements are satisfied.</p> <p>A full audit of all credentialed files will be completed within 30 days to ensure compliance. Thereafter, random audits will be completed quarterly by the administrator and DON to ensure that delineation of privileges is in place. Results of the audits will be reported to the quality council, MEC and governing board.</p>	<p>Completion Date: 07/26/2023 Status: APPROVED Date: 07/26/2023</p>	

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001198	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 07/18/2023
NAME OF PROVIDER OR SUPPLIER: MAIN LINE SPINE SURGERY CENTER, LLC STATE LICENSE NUMBER: 17871501		STREET ADDRESS, CITY, STATE, ZIP CODE: 700 S. HENDERSON ROAD Suite 335 KING OF PRUSSIA, PA 19406			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 53D0	<p>Continued from page 8</p> <p>Based on review of facility documents, policy and procedure, credential files (CF), and interview with staff (EMP), it was determined the facility failed to follow its established policy for granting privileges to the medical staff for 2 of 3 credential files reviewed. (CF1, CF2)</p> <p>Findings include:</p> <p>Review on July 18, 2023, of facility document "Bylaws of the Medical Staff of the Main Line Spine Surgery Center." not dated, revealed, "Appointments shall be made for a two year period ... An applicant for the Medical staff of the Center shall present his written application for appointment and privileges for specific procedures ... which would indicate the applicant's qualifications for the Staff privileges sought ..."</p> <p>Review on July 18, 2023, of CF1 revealed a reappointment letter dated March 23, 2023, granting anesthesia privileges for a period of two</p>	S 53D0			

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001198	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 07/18/2023
NAME OF PROVIDER OR SUPPLIER: MAIN LINE SPINE SURGERY CENTER, LLC STATE LICENSE NUMBER: 17871501		STREET ADDRESS, CITY, STATE, ZIP CODE: 700 S. HENDERSON ROAD Suite 335 KING OF PRUSSIA, PA 19406			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 53D0	Continued from page 9 years. Further review revealed the "Anesthesia Privileges List" was dated July 9, 2013. Review on July 18, 2023, of CF2 revealed a reappointment letter dated June 20, 2023, granting surgical privileges for a period of two years. Further review revealed the "Surgical Privileges List" was dated June 14, 2005. In an interview on July 18, 2023, at approximately 10:30 AM with EMP1 confirmed the delineation of privileges for CF1 and CF2 were not current with the most recent re-appointment application.	S 53D0			
S 6142		S 6142			

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001198	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 07/18/2023	
NAME OF PROVIDER OR SUPPLIER: MAIN LINE SPINE SURGERY CENTER, LLC STATE LICENSE NUMBER: 17871501		STREET ADDRESS, CITY, STATE, ZIP CODE: 700 S. HENDERSON ROAD Suite 335 KING OF PRUSSIA, PA 19406			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 6142	Continued from page 10 561.25 Distressed drugs, devices and cosmetics 561.25 Distressed drugs, devices and cosmetics Drugs, devices and cosmetics which are outdated, visibly deteriorated, unlabeled or inadequately labeled, recalled, discontinued or obsolete shall be identified by the licensed pharmacist or responsible practitioner and shall be disposed of in compliance with applicable Commonwealth and Federal regulations. This REGULATION is not met as evidenced by:	S 6142	The facility DON and administrator met with the clinical lead CRNA of the anesthesia group on 7/25/2023. The DON stressed the importance of re-educating all CRNAs on the required disposing of all unused liquid medication. All unused liquid medication is to be drawn from the vial and disposed of in a container approved as a destroyer suitable for rendering the substance non retrievable. The approved destroyers are currently present in every procedure room. All CRNAs will be re-educated by 8/31/2023 and will sign a form stating that they will follow the above mandate at all times. The DON will be responsible for providing the education materials and will file the attestations in the CRNA's personnel file. Additionally, an attestation verifying that all medications have been disposed of properly has been added to the daily count out sheet and will be confirmed by circulating RN. Signage stating "No Liquids" has been posted on every biohazard container.	Completion Date: 07/26/2023 Status: APPROVED Date: 07/26/2023	

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001198	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 07/18/2023
NAME OF PROVIDER OR SUPPLIER: MAIN LINE SPINE SURGERY CENTER, LLC STATE LICENSE NUMBER: 17871501		STREET ADDRESS, CITY, STATE, ZIP CODE: 700 S. HENDERSON ROAD Suite 335 KING OF PRUSSIA, PA 19406			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 6142	Continued from page 11 Based on observation, review of facility policy, and interview with staff (EMP), it was determined the facility failed to follow its established policy to ensure medications and controlled substances were disposed of properly. Findings include: Review on July 18, 2023, of facility policy "Medication disposal" dated June 6, 2021 revealed "... Remove the medication from the original container and mix the medication with an undesirable substance in a sealable plastic bag. Liquid medications can also be put into an absorbable material ... no liquid is to be loose or observable in the trash ... Destruction of wasted controlled substances is permitted in Pennsylvania with [name of chemical] destroyers ... rendering it non-retrievable as required by the DEA 21 CFR Part 1300 ..."	S 6142			

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001198	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 07/18/2023
NAME OF PROVIDER OR SUPPLIER: MAIN LINE SPINE SURGERY CENTER, LLC STATE LICENSE NUMBER: 17871501		STREET ADDRESS, CITY, STATE, ZIP CODE: 700 S. HENDERSON ROAD Suite 335 KING OF PRUSSIA, PA 19406			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 6142	Continued from page 12 Observation on July 18, 2023, of the procedure room at 9:15 AM revealed a large red biohazard container with a removable lid. Further observation revealed the container was 2/3rd's full and contained bottles of medications that contained liquids. Interview on July 18, 2023, with EMP2 at approximately 9:15 AM confirmed the medication bottles disposed of in the biohazard container contained liquid substances and confirmed the medications were not disposed in a manner to render them non-retrievable. Further interview with EMP2 confirmed a vial that was disposed of in the container had a visible label and confirmed the vial was a controlled substance.	S 6142			



Certified End Page

MAIN LINE SPINE SURGERY CENTER, LLC

STATE LICENSE NUMBER: 17871501

SURVEY EXIT DATE: 07/18/2023

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

Jeane Parisi
Deputy Secretary for Quality Assurance

A handwritten signature in black ink that reads "Debra L. Bogen MD".

Debra L. Bogen, MD, FAAP
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY